

# INFORMATION BULLETIN

## JOB TRAINING PARTNERSHIP ACT

Number: B97-122

Date: April 15, 1998

Expiration Date: 6/30/98  
69:75:va

TO: SERVICE DELIVERY AREA ADMINISTRATORS  
PRIVATE INDUSTRY COUNCIL CHAIRPERSONS  
JTPD PROGRAM OPERATORS  
EDD JOB SERVICE OFFICE MANAGERS  
JTPD STAFF

SUBJECT: INDEBTED SERVICE PROVIDERS REPORT

The annual indebted service provider report is due to the Job Training Partnership Division Policy Unit. Attached is the form for reporting indebted service providers. If there are no indebted service providers, please check the box below the space for your telephone number. Each Service Delivery Area must submit the attached form or reasonable facsimile. Please submit your report by April 30, 1998.

If you have any questions, contact your program manager or Jean Cole with the Policy Unit at (916) 654-8284.

/S/ BILL BURKE  
Chief

Attachment

## JOB TRAINING PARTNERSHIP ACT INDEBTED SERVICE PROVIDERS

Employment Development Department  
Job Training Partnership Division  
P.O. Box 826880, MIC 69  
Sacramento, CA 94280-0001  
Attention: Policy Unit

\_\_\_\_\_

Date

\_\_\_\_\_

Service Delivery Area

As the Administrator for this Service Delivery Area (SDA), I certify that the following is a complete list of all service providers in this SDA that have not, as of the date indicated above, fully paid or entered into and complied with an approved installment repayment agreement with respect to a final debt of Job Training Partnership Act funds established prior to February 1 of the current calendar year.

\_\_\_\_\_

SDA Administrator (please print)

\_\_\_\_\_

Contact Person (please print)

\_\_\_\_\_

Signature of SDA Administrator

\_\_\_\_\_

Telephone Number

**If there are no service providers with outstanding debts, check here.**




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**Service Provider**

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**Corporate Headquarters, if different**

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

If this service provider operates under any other name, check here  
and attach a list with names and locations.



Date Debt Established \_\_\_\_\_ Current Balance \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

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**Service Provider**

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**Corporate Headquarters, if different**

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

If this service provider operates under any other name, check here  
and attach a list with names and locations.



Date Debt Established \_\_\_\_\_ Current Balance \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

**JOB TRAINING PARTNERSHIP ACT  
INDEBTED SERVICE PROVIDERS  
Continuation**

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**Service Provider**

**Corporate Headquarters, if different**

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

If this service provider operates under any other name, check here  
and attach a list with names and locations.



Date Debt Established \_\_\_\_\_ Current Balance \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

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**Service Provider**

**Corporate Headquarters, if different**

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

If this service provider operates under any other name, check here  
and attach a list with names and locations.



Date Debt Established \_\_\_\_\_ Current Balance \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

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**Service Provider**

**Corporate Headquarters, if different**

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

If this service provider operates under any other name, check here  
and attach a list with names and locations.



Date Debt Established \_\_\_\_\_ Current Balance \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

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**JOB TRAINING PARTNERSHIP ACT  
INDEBTED SERVICE PROVIDERS  
Continuation**

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**Service Provider**

**Corporate Headquarters, if different**

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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Date Debt Established \_\_\_\_\_ Current Balance \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

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**Service Provider**

**Corporate Headquarters, if different**

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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Date Debt Established \_\_\_\_\_ Current Balance \_\_\_\_\_ Date of Last Payment \_\_\_\_\_

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**Service Provider**

**Corporate Headquarters, if different**

Name \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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Date Debt Established \_\_\_\_\_ Current Balance \_\_\_\_\_ Date of Last Payment \_\_\_\_\_